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ADOPTED MINUTES

Mental Health Board Meeting
Wednesday, February 21, 2018
City Hall
One Carlton B. Goodlett Place
4th Floor, Room 421
6:30 PM – 8:30 PM

BOARD MEMBERS PRESENT: Harriette Stevens, EdD; Co-Chair; Ulash Thakore-Dunlap, MFT, Co-Chair, Idell Wilson, Vice Chair; Gene Porfido, Secretary; Terry Bohrer, RN, MSW, CLNC; Judith Klain, MPH; Judy Z. Drummond, MA; Carletta Jackson-Lane, JD; Gregory Ledbetter; Toni Parks; Richard Slota, MA; Marylyn Tesconi; and Njon Weinroth.

BOARD MEMBERS ON LEAVE: Susan Page; and Benny Wong, LCSW.

BOARD MEMBERS ABSENT. None

OTHERS PRESENT: Helynna Brooke (Executive Director); Loy M. Proffitt (Administrative Manager); Kavoos Ghane Bassiri, LMFT, LPCC, CGP, Behavioral Health Services (BHS) Director; Karen Kauer, student; Vanessa Faer, student; Marcus Dancer; Virginia Braski; Terue Shinohara, RAMS; Nicole Matcha, San Francisco Suicide Prevention; CW Johnson, Mental Healh Association of San Francisco (MHA-SF), David Elliott Lewis, PhD, MHA-SF, National Alliance on Mental Illness (NAMI); David Pon, RAMs; and one member of the public.

Ms. Ulash Thakore-Dunlap called the meeting to order at 6:37 PM.

Roll Call

Ms. **Brooke** called the roll.

Agenda Changes

None

ITEM 1.0 REPORT FROM BEHAVIORAL HEALTH SERVICES DIRECTOR (See Attachment A)

The full director's report can be viewed at the end of the minutes or on the internet.

1.1 Discussion regarding Behavioral Health Services Department Report, a report on the activities and operations of Behavioral Health Services (BHS), including budget, planning, policy, and programs and services.

Mr. Ghane Bassiri announced that Dr. Judith Martin, BHS Deputy Medical Director and Medical Director of Substance Use Services & County Alcohol and Drug Administrator, just recently made a presentation on Substance Use Disorder (SUD) Services, including Drug Medi-Cal and Organized Delivery System (ODS), for the Health Commission. Information should now be available online for review.

He made several announcements. To recognize centuries of contributions of African American communities in the US, February is Black History month, and presentations and training about African American achievements are happening throughout the whole month.

The annual BHS Vocational Summit is to be held on May 15, 2018, at the San Francisco Main Library. May is also recognized as Mental Health Awareness month. There will be lots of activities and engagement opportunities during May.

Following the recent Request for Qualifications (RFQ), in July, BHS contracted programs for Transitional Age Youth (TAY) services and will start the rollout. In the forefront of TAY advocacy, BHS of San Francisco County recognizes TAY unique needs and has delineated the TAY System of Care category from the adult and children categories, while many other California counties maintain TAY population services as part of their Adult or Children/CYF categories.

As part of his report, he spotlighted Southeast Child/Family Therapy Center, Parent Training Institute and Project 500. He is looking at poverty association with disparities and is considering pathways to support health and well being.

He also shared updates on the Community Justice Center (CJC) and the new co-location of Drug Court with the current CJC site. This centralization facilitates more community-based collaborative services and to increase capacity.

Referencing his Report, he shared how BHS actively analyzes, reports on and shares children's data from the Child and Adolescent Needs and Strengths (CANS) and Adult Needs and Strengths Assessment (ANSA) outcomes reports. He announced the two Awards to be given at the annual Data and Innovation Awards, organized by DataSF and the Mayor's Office of Civic Innovation. The Data Reflection to Improve and Vitalize Effectiveness (DRIVE) initiative (making sure charts & data insights were meaningful via innovative workshop sessions designed to engage clinicians) and The Shared Youth Database (SYDB) Initiative (a collaboration 16 years in the

making, allowing for coordinated care for San Francisco youth that need it most) are initiatives being recognized. The Data and Innovations Awards Ceremony is in March 2018 at City Hall. The City's recently established Healthy Streets Operation Center (HSOC) is attending to and responding to identified issues with those on the streets in a coordinated way, with DPH as a collaborator, in order to address many public safety and community related needs, outreaching to those on the streets and engaging with them for support & linkage.

Mr. Bohrer asked about time consideration for expanding service capacity into a 24/7 system.

Mr. Ghane Bassiri replied that HSOC operations is not 24/7 now, but responses are and shared how BHS is able to respond 24/7 through its Comprehensive Crisis Services.

Ms. Jackson-Lane asked for the Healthy Streets location.

Mr. Ghane Bassiri said that the location is on 1011 Turk Street at the Department of Emergency Management.

Dr. Stevens thanked him for sharing information about the awards received in March and asked if projects cover all programs.

Mr. Ghane Bassiri as noted in the Report, these were recognition about specific data gathering, analysis efforts and outcomes. He mentioned there are multiple data pulling, analysis and outcome assessments that happen across BHS Systems of Care. For example, BHS is currently looking at data for high-cost beneficiaries.

1.2 Public Comment

Ms. Matcha asked what the general response is to having a 24/7 system.

Mr. Ghane Bassiri said he does not have the response yet, however, it should be noted that BHS already has a 24/7 Access line and Comprehensive Crisis Services provides 24/7 response. Behavioral Health confidentiality is always an important consideration when working across multiple systems, with inter agency efforts.

A Member of the Public mentioned that four people enrolled in the RAMS Advanced Peer Specialist Mental Health Certificate course attending tonight's meeting.

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

For discussion.

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of $1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates

There were no updates.

2.2 Public Comment

Dr. **Lewis** announced that MHSA advisory monthly meeting occurs every third Wednesday.

Mr. Ghane Bassiri said the department is exploring new ways to reach out to engage young people, primarily through social media. The Health Commission just heard a presentation from Gender Health SF, and the presentation included updated slides.

ITEM 3.0 ACTION ITEMS

For discussion and action.

3.1 Public comment

No public comments.

3.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of January 17, 2018 be approved as submitted.

Unanimously approved.

3.3 Proposed Resolution - 2018-01: Be it resolved that the Revised Strategic Plan for 2018 for the Mental Health Board be approved as submitted.

Unanimously approved.

3.4 Proposed Resolution - 2018-02: It Resolved that the Mental Health Board advocates that the Behavioral Health Services division of the Department of Public Health creates additional 24/7, coordinated street outreach teams and on-the-spot appropriate intensive case management in order to reduce expensive psychiatric hospitalizations and alleviate human suffering.

Unanimously approved.

3.5 Proposed Resolution - 2018-05: Be it Resolved that the Mental Health Board commends David Elliott Lewis, Ph.D., for his extraordinary leadership of the Wellness Van Committee.

Ms. Thakore-Dunlap shared that we are honoring David Elliott Lewis for his extraordinary leadership of the Wellness Van Committee both while he was still a board member and for many months after his term ended. It is very rare after serving six years that a board member continues to serve. We greatly appreciate David for his extended service.

Unanimously approved.

ITEM 4.0 Honoring African American History Month: Idell Wilson.

4.1 Discussion: Honoring African American History Month: Idell Wilson.

Ms. Thakore-Dunlap shared that Idell Wilson, Vice Chair of the Mental Health Board, will share why it is important that our nation continues to honor African American History Month.

Ms. Wilson said Black History month recognition is vital to celebrate African American communities. She is serving her second term with the MHB which is composed of diverse members representing different communities. She encouraged everyone to be part of the conversation.

Ms. **Jackson-Lane** appreciated the board for recognizing Black History Month. Everyone should have the right to services. There is still lots of stigma in African American communities about mental health.

4.2 Public Comment

Dr. **Lewis** mentioned that the African American population in San Francisco is endangered and displaced and makes up the highest percentage of the jail population. The African American population is about 4%-5% in the City, but disproportionately makes up 30%-40% of the jail system. He hoped the board could look into more services for the community.

ITEM 5.0 MENTAL HEALTH BOARD COMMITTEE PRESENTATIONS: OLDER ADULT COMMITTEE, YOUTH COMMITTEE, AND MOBILE WELLNESS VAN COMMITTEE

5.1 Discussion: Mental Health Board Committee Presentations: Older Adult Committee, Youth Committee, And Wellness Van Committee.

Mr. Slota reported on the Mobile Wellness Van Committee and provided his report below.

Mobile Wellness Van Goals:

Reduce suffering

Reach underserved and hard to reach populations

Provide a safe space for emotional crisis de-escalation

Provide referrals and resources to people in need.

Proposed resolution:

We recommended passing our resolution that advocates more street outreach teams and assistance in connecting under-served populations to services. Stakeholders must work together in a mobilized mental health system.

Be It resolved the Mental Health Board advocates more street outreach teams and assistance in connecting people where they are at, who are having mental health crises, to services.

Whereas, according to presentations by mental health professionals at Department of Public Health (DPH), by Street Violence Prevention, by the SFPD's Crisis Intervention Team, by City Resource, by the Homeless Outreach Team (HOT), by CONCRN, by the Mental Health Association of San Francisco and by the Department of Homelessness and Supportive Housing, all speak strongly of the need for more street outreach to those having mental health crises.

Whereas, many people in the midst of a mental health crisis have many needs and individual agencies are typically only able address one or two of those persons' needs, a much more robust system of cooperation and communication among agencies is needed.

Whereas, often a person in crisis is given a referral on a piece of paper from the first agency they encounter and are then expected to make appointments and keep appointments on their own. Instead, people in crisis should be guided, physically transported and introduced to all the agencies required to obtain all needed services.

Whereas, the goal is to deliver crisis de-escalation, thus avoiding expensive and scarce psychiatric hospitalization and to lessen suffering, like the work that CONCRN does in the Tenderloin.

THEREFORE, BE IT RESOLVED that the Mental Health Board of San Francisco urges the Department of Public Health to institute more and better, 24/7 around the clock, coordinated street outreach and on-the-spot appropriate intensive case management in order to alleviate human suffering.

2017 speakers at the Mobile Wellness Van Committee

1. Abner J. Boles, Ph.D. Director of African American Healing Alliance and former CEO of Westside Community Services.
2. Jacob Savage, Director, CONCRN
3. David William Radohato, Director, City Resource
4. Dr. Courtney Thomas, Clinical Psychologist and Crisis Intervention Specialist, DPH
5. Sgt. Kelly Kruger, SFPD CIT Officer
6. Rachael Del Rossi, Executive Director, MHASF
7. Deborah Borne MD, Street Medicine, DPH
8. Emily Cohen, Deputy Director, DHSH

Mobile Wellness Van Committee findings:

Many presenters to our committee have said that mobile vans, at minimum, should be staffed by a team that includes a licensed mental health professional, a medical professional, such as a nurse, and a peer/consumer with lived experience. It sdhould be staffed with small teams that include:

1. Case management services
2. Mental health clinical services
3. Medical services.

All Mobile Van staff should receive training in crisis de-escalation.

Rather than try to be all things to all those in need, Vans should specialize in helping the most critical, high-risk and/or most costly to treat populations.

For each area they are parked in, they would need to do outreach to neighborhood and community groups to increase awareness and acceptance of the vans.

Initially, Mobile Vans should focus on serving under-served parts of the city such as the Southeast sector.

Vans should be well-linked with existing mobile crisis services including the Homeless Outreach Team, Mobile Crisis and Street Violence Prevention, plus the city's Behavioral Health Services.

We should investigate possible funding from the MHSA Innovations grants to fund planning and design.

In additional to behavioral health services, some medical services would also be needed because of the nature of the Van's walk-in population.

Vans should focus on specific populations such as shut in-seniors or mentally ill homeless.

Vans should offer a restroom, water, snack food such as energy bars and some basic hygiene items such as socks and underwear.

Vans should meet people where they are at without judgement.

Vans should provide a warm hand-off to other agencies that can provide additional services.

Vans should work with CONCRN to both refer and receive client referrals.

Train van staff using the compassionate responding model developed by CONCRN.

Vans could quickly expand working space for client meetings with a full standing height pop-up gazebo style tent.

Use a "buddy system" to provide wellness checks on homeless clients.

Van design should focus comfort including seating, lighting, decorations. Should provide comfort items including blankets, socks and under clothing, water and snack food such as energy bars.

Contract with a transportation service to bring clients to treatment centers, which could be as simple as a trained peer compassionate responder using a taxi cab.

Measure Impact:

Document impact of the Van and Reduce stigma by capturing personal narrative through video recorded interviews with willing clients. The sharing of personal stories of change during these interviews can offer emotional healing as an additional benefit.

Dr. **Lewis** who co-chaired the committee in 2017 mentioned that most guests who dealt with people in crisis on the streets felt that having a mobile wellness van could be useful. The fundamental idea is bringing services to those in crisis, like homeless people, since their crisis often prevented them from going to a clinic.

Ms. **Jackson-Lane** suggested having a pilot program for homeless TAY's.

Mr. **Weinroth** would like to see the proposed resolution reach its full fruition, since the impetus was invisible borders in communities.

Mr. **Ledbetter** is concerned that the committee has disbanded.

Mr. **Slota** said the committee did all it could. He hoped the board would use its advocacy voice.

Ms. **Bohrer** reported for the Older Adult Committee. She said that the Data Report 2017 on the older adult population was completed and submitted. She is trying to arrange for the first 2018 meeting for the committee. She visited three older adult sites in December 2017. She shared that clients and patients had mentioned about pharmacy services on site which can be expensive, but all the clients said they got their medicationsfrom Walgreens and CVS stores. She is scheduled to meet with Ms. Gloria Wilder at the on-site pharmacy at 1380 Howard on February 23, 2018. She wanted to find out more about pharmacy services.

Mr. **Ledbetter** shared that medical respite and detoxification clients he interviewd at the Medical Respite Progam are thrilled with the convenience of having on-site pharmacies.

Ms. **Drummond** reported for the Youth and Transitional Age Youth (TAY) Committee. She said the committee is a two-year commitment. She is working on bringing presenters who work

with youth and TAY to come and to give their presentations to the full board in the next few months.

5.2 Public Comment

A Member of the Public has provided support with suicide interventions. She has called Access and found it is hard when there is no place to refer people in the middle of the night.

Ms. **Parks** said the upcoming mayoral election could be used to align board advocacy with candidates platforms on issues.

A Member of the Public is a Behavioral Health Access Center (BHAC) intern said a mobile wellness van would be good because of the stigma associated with mental illness.

Dr. **Lewis** suggested becoming involved by attending meetings of subcommittees of the Board of Supervisors (BOS), Public Health and Safety Committee and the Health Commission.

ITEM 6.0 REPORTS

For discussion

6.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.

Ms. Brooke mentioned the following items:

- Program reviews of Baker Places in March 2018 needs more board members
- She would like to hear from board members about what programs they would like to review.
- 2/23/2018 African American conference at the Bayview Opera House

6.2 Report from Chair of the Board and the Executive Committee. Discussion regarding Chair's meetings with Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance use.

Ms. Thakore-Dunlap thanked board member Terry Bohrer for the great workshop for board members about how to advocate. The powerpoint and handout were full of useful, solid information and tips.

The Executive Committee meets next Tuesday, February 27th, 2018 at 10:00 AM in the Mental Health Board office, Room 226. All board members as well as members of the public are welcome to attend.

6.3 People or Issues Highlighted by MHB: Suggestions of people and/or programs that the board believes should be acknowledged or highlighted by the Mental Health Board.

None mentioned.

6.4 Report by members of the Board on their activities on behalf of the Board.

Dr. **Stevens** attended a BHS Executive Committee meeting to get updates and report on behavioral health services.

Ms. **Jackson-Lane** attended a press conference about cuts in MediCal and Medicare.

6.5 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Mr. **Weinroth** would like the board to reconsider the name change of the MHB board to Behavioral Health Commission.

6.7 Public comment.

Dr. Lewis asked why the Golden Gate Bridge still does not have a suicide barrier.

7.0 Public Comment

Dr. Lewis shared that the Mental Health Association, San Francisco (MHA-SF)'s Warmline program which diffuses a full-blown crisis is losing its funding on June 20, 2018, unless further financial support is available. He is advocating for keeping the Warmline program.

Mr. **Johnson** said the Warm Line also provides peers their first job to work as a peer counselor.

Mr. Ghane Bassiri clarified that BHS is very supportive of the Warmline program. Data have shown that 14% of calls are from San Francisco, and most calls are from out-of-state callers. He is trying to get other counties to have their own warmline programs. The program was a pilot through grant funding which has provided the financial support.

Ms. **Matcha** shared that the warmline is great, although anyone can call the San Francisco suicide prevention line. However, people with lived experiences staff the warmline.

Adjournment

The meeting was adjourned at 8:37 PM.

City and County of San Francisco
Department of Public Health

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Mayor Mark Farrell

Behavioral Health Services
Monthly Director's Report
February 2018

1. MENTAL HEALTH SERVICES ACT (MHSA)

Mental Health Resources for African American Communities

In recognition of Black History Month and as we continue to reflect on our history, celebrate current achievements and explore opportunities in our community, mental health/wellness is an important component in these efforts. We will continue to ensure that African Americans in our communities have culturally responsive mental health information, resources & services available to them.

In partnership and as part of an investment with our statewide partners, the San Francisco MHSA program is glad to share the following resources:

- Find out about resources for African American communities at: https://emmresourcecenter.org/collection/african-american
- Find a curated collection of materials selected for Black History Month at: https://emmresourcecenter.org/collection/black-history-month
- Support Guide for Mental Health in the African American Community is a double-sided brochure that details the tools available to members of the African American community.
- The Mental Health Friendly Communities program addresses mental health stigma and resource access by providing culturally focused trainings and resources that directly speak to the mental health issues facing the African American community in faith-based settings. This program's goal is to engage communities by helping them get on a path that will lead toward mental wellness. The Mental Health Friendly Communities Fan is designed for distribution in faith-based African American communities. This tool is print-ready and a helpful takeaway, with tips for people to support their mental health or support a friend or family member.
- The Know The Signs suicide prevention poster encourages African American community members to learn about the warning signs of suicide and reach out to someone they are concerned about.
- View personal story vignettes of hope, recovery and resiliency (ranging from 2 to 4 minutes) from the perspective of African Americans: http://www.eachmindmatters.org/stories/?story_category=african-american-stories&story_tag=&story_type

- 60-second PSA videos created by youth for youth from the Directing Change program featuring African American youth:
    - Not Alone at: https://youtu.be/R8G_FxZOwLM
    - Pain Never Lasts At: https://www.youtube.com/watch?v=tAB94H4-E54

TAY System of Care initiative is underway and begins design processes for new BHS TAY programs!

As part of a larger initiative to build a comprehensive System of Care for Transitional Age Youth (TAY SOC), Behavioral Health Services is taking exciting steps to expand and increase behavioral health services tailored to TAY. The Mental Health Services Act TAY RFQ-15-2017 selected community-based organizations (CBOs) to develop new programs to officially launch in July 2018. These programs include *TAY Population Specific Engagement and Treatment*, *TAY Leaders Peer-to-Peer Certificate & Employment, Homeless TAY Mobile Treatment Pilot, TAY Full Service Partnerships* (FSPs) and *Network Development, Training & Capacity Building* (for TAY SOC Clinical and Non-Clinical providers).

This past January, BHS led a first convening for the *Population Specific Engagement and Treatment Program* to support creating culturally and developmentally responsive and low-threshold outpatient services for TAY priority populations. These new programs will target African American, Asian and Pacific Islander, Latino and Mayan, and Lesbian, Gay, Transgender, Questioning (LGBTQ) TAY populations (ages 16-24).

The convening, hosted at the SF LGBT Center, successfully brought together contracted providers from six CBOs and BHS staff from the new TAY SOC and the Children, Youth and Families SOC, for an initial meet-and-greet and for each organization to share their best practices working with TAY. This convening is part of a brief design process, before programs launch, to engage providers in developing shared standards each *Population Specific Engagement & Treatment* program would follow. The goal of developing shared standards is to ensure consistency and continuity of; 1) low barrier access to services and 2) services designed to meet a wide range of behavioral health needs tailored to identified TAY priority populations. In the coming months, future design convening will happen for the other new programs funded through the RFQ-15-2017. To learn more about the TAY SOC initiative, its activities and/or ways to collaborate, please contact kali.cheung@sfdph.org.

Upcoming 3rd Annual BHS Vocational Summit

San Francisco Behavioral Health-Vocational Services will be holding its 3rd Annual Vocational Summit on May 15, 2018, from 9:00 am to 1:00pm at the San Francisco Main Public Library (100 Larkin Street, Hispanic/Latino Room). BHS Vocational CO-OP programs, including RAMS, Citywide Case Management, Caminar, PRC, and Occupational Therapy Training Program, will present on their employment services. The Summit will also have clients enrolled in vocational services share their success stories. Vocational programs throughout San Francisco and the California Department of Rehabilitation will be present to answer any questions and provide additional information. For inquiries, please contact: Stephen Dempsey, Vocational Program Specialist by phone at 415-255-3664 or by email at stephen.dempsey@sfdph.org.

2. CHILDREN, YOUTH AND FAMILIES (CYF) SYSTEMS OF CARE UPDATES

Spotlight on Project 500

Project 500 is a Mayoral Initiative launched by the late Mayor Edwin Lee in 2015. Project 500 provides intensive resources, wrap-around services, and case management across City departments for families in San Francisco, and gives them the meaningful pathways up and out of poverty. This program is a San Francisco collaborative impact partnership spearheaded by the Human Services Agency (HSA) in collaboration with the Department of Public Health, Behavioral Health CYF SOC and Maternal Child and Adolescent Health sections, the Office of Early Care and Education, and the Department of Child Support Services, with the potential for expanded partnerships that will provide additional support and opportunities for the families served. Eligibility into this program includes the following: 1) mother's eligibility and enrollment into CalWORKs and a DPH Home Visiting Nursing Program; and, 2) all children under the age of 3 at the time of referral. In addition to these services and connection to high quality child care, every family receives a Mobility Mentor through HSA who help the families set and achieve goals related to various markers of economic self-sufficiency, health, and wellness.

BHS CYF oversees the Behavioral Health component of Project 500, which is staffed by a half-time Clinical Psychologist and two full-time Senior Behavioral Health Clinicians. These clinicians provide 3 tiers of services and support; I: Universal Education and Capacity Building; II: Case Consultation, Complex Case Conferences & Triage; and, III: Direct Services.

In January 2018, the capacity building learning communities and *brown bags* with the mobility mentors and nurses focused on Complex Trauma and ACES. Psychoeducation was provided and discussion focused on the impact of trauma and ACES on both clients and the workforce (vicarious trauma). The team continues to also increase their caseload of Child Parent Psychotherapy (CPP) clients, as they engage in a training cohort with Dr. Alicia Lieberman at UCSF's Child Trauma Research Program (CTRP). Furthermore, they launched a group in January, Attachment Vitamins (AV), which 9 mothers have enrolled in. Attachment Vitamins' curriculum is based off of CPP and developed by Dr. Lieberman's group at CTRP. The objective of the program is to provide caregivers with knowledge about early childhood development and the effects of toxic stress and trauma in order to help them attune to their child's needs, set parenting goals, strengthen the parent-child relationship, and understand and respond to challenging behaviors. The group is highly interactive and encourages caregivers to engage in a process of active reflection on their relationship with their children and on their own experiences while growing up. In addition, AV participation promotes engagement with mental health services for families that would benefit from them. The curriculum aims to increase a number of caregiver skills and capacities including the following: 1) Trauma Informed Parenting Knowledge, 2) Emotional Attunement, 3) Mindfulness, 4) Executive Functioning, and 5) Reflective Functioning. It is a 10 session curriculum designed for parents of children age 0 to 5 years old.

Spotlight on Parent Training Institute

The Parent Training Institute (PTI) has had a positive and eventful start to 2018. In January, the PTI co-sponsored two and a half days training on Supporting Father Involvement (SFI) as part of the Fatherhood Initiative at the Sunnydale Wellness Center. SFI is an evidence-based program that has been shown to improve the quality and quantity of time fathers spend with their children, as well as improving the employment, economic, and emotional well-being of SFI participants. As part of the training, the

developers of SFI, Drs. Marsha & Kyle Pruett, attended a half day training facilitated by the Wellness Center staff and which included a walking tour of the Sunnydale neighborhood. The purpose of this cross-training component was to share the history of the Sunnydale Housing Community and unique strengths and challenges of fathers who live there. George Calvin, LCSW, who heads the Fatherhood Initiative at the Wellness Center, oversaw and led this component of the training. The next SFI series at the Sunnydale Wellness Center is planned to begin in early March and recruiting for this cohort of fathers has begun.

In addition to sponsoring the SFI training, the PTI provided the first of three trainings to staff from the Human Services Agency on evidence-based parenting and the work of the PTI. The purpose of these trainings is to ensure that all HSA staff who work with families are knowledgeable about the free and effective parenting resources available to families in San Francisco.

Spotlight on Southeast Child/Family Therapy Center and Family Mosaic Project

The Center has started a group for Latino parents in Spanish. The Latino parents will gather to discuss and support each other on challenges of parenting & supporting their children with emotional problems. The group aims to improve cooperative parenting, setting limits, communication with the children, and positive conflict resolution without using physical discipline. The group also helps parents to develop realistic expectations for children's behavior. While the parents are in the group, the children are receiving group therapy to improve socialization skills and improve emotional expression & communication. The group is led by Lucia Hammond, LMFT and Vilma Entrenas-Yepez, Ph.D. from the Center and a community leader.

Family Mosaic Project has the addition of two new care coordinators, which will increase its capacity as well as the ability to deliver services in Tagalog and Punjabi. In addition, select clinicians from Family Mosaic Project will be participating in a new initiative called *Shoestrings*, an early-intervention program targeting high-risk youth between the ages of 2½ to 5 years & their families for intensive short-term therapy, training, support and linkage in order to decrease the need for special education services.

3. ADULT & OLDER-ADULT (AOA) SYSTEMS OF CARE UPDATE

Intensive Case Management/Full Service Partnerships to Outpatient Mental Health Client Flow Groups

Since December, over 40 clinicians from outpatient mental health (OP MH) and ICM/FSP programs, consumers, and AOA SOC, Quality Management, and MHSA staff, have been meeting twice a month in three workgroups, conducting small tests of change and generating experience & learning, to come up with recommendations and proposed agreements on how to improve the successful transition of clients from ICM/FSP intensive level-of-care into regular OP MH treatment.

The objective for each workgroup is to prioritize and test out proposed solutions in three action areas, then with data & feedback from diverse providers and consumers, make recommendations for system and practice improvements. The focus of the three workgroups are as follows:

1) *Recovery Culture and Identifying Client Readiness for successful transition from ICM/FSP:*

The objective of workgroup #1 is to come up with practice recommendations and proposed provider agreements on how to integrate the expectation of recovery and eventual transition into the culture & programming of services at ICM/FSPs. Workgroup #1 also aims to achieve consensus between ICM/FSPs and OP MH programs on what client readiness to step-down looks like.

2) *Referral, Intake, and Linkage Processes from ICM/FSP to OP MH:*

The objective of workgroup #2 is to agree upon a clear and consistent process by which ICM/FSPs and OP MHs are to communicate and work with each other, in partnership with clients, to effect a priority referral,

warm handoff, and a carefully orchestrated and assured successful transition of ICM/FSP clients into OP MH level-of-care.

3) OP MH Program Flexibility to Meet Needs of Clients transitioned from ICM/FSP:

The objective of workgroup #3 is to identify what OP MH programs will do differently in the way they provide services to clients stepped-down from ICM/FSP level-of-care, in order to mitigate important service gaps precipitated by the steep drop in the high frequency, intensity, and quantity of services which clients had been receiving at ICM/FSP programs.

In March, the three workgroups will reconvene to share their progress thus far with each other, and solicit feedback and as for volunteers from the larger group to assist with further testing of "prototype" recommendations. Workgroups will continue to meet and refine their tools and recommendations until a final convening in June when formal recommendations will be prepared for implementation.

Transitioning clients from ICM/FSP to standard appointment-based outpatient OP MH services has been a challenge for many years. A small percentage of clients discharged from ICM/FSP programs subsequently connect to OP MH clinics, as evidenced by services accessed within three months post-discharge. There is widespread consensus that this represents a missed opportunity for needed quality care.

In 2017, ICM/FSP and OP MH providers, consumer advocates and peer employees, and BHS administrative staff, facilitated by a consulting group, convened multiple times to examine this concern. The goals of the convening sessions were to:

1) Build relationships between providers of ICM/FSP and OP MH programs
2) Clarify the problem to address clients' linkage between ICM/FSP and OP MH services
3) Identify barriers & potential solutions to supporting clients in the referral and linkage to OP MH.

The result of this convening was a set of *potential solutions to test and implement* to improve client transitions from ICM/FSP to OP/MH, which the three workgroups are now working on to refine, make more concrete, test, and put forward as concrete products and agreements to recommend for implementation.

4. FORENSIC/JUSTICE INVOLVED BEHAVIORAL HEALTH SERVICES

Spotlight on the Community Justice Service Center

BHS is excited to announce that the Community Justice Center and Drug Court Treatment Center will be co-locating at the Community Justice Service Center at 555 Polk beginning Monday February 26, 2018.

The San Francisco Drug Court is a collaborative court that was established in 1995 as an alternative to traditional sentencing for individuals with drug offenses. The goal of the program is to connect individuals in the criminal justice system who have substance use treatment needs to community based services in an effort to enhance public safety, reduce recidivism, and reach legal dispositions that take their treatment needs into account. This voluntary intensive program combines either residential or outpatient treatment and court supervision. The Drug Court Treatment Center is a DPH program and allows for court participants to receive case management and services on site.

The Community Justice Center (CJC) is a community-based collaborative court program which partners with the San Francisco Superior Court, the San Francisco District Attorney's Office, the San Francisco Public Defender's Office, Human Services Agency and the San Francisco Adult Probation Department. DPH staff

provide case management services to people who are charged within the geographic area of the Tenderloin, Civic Center, parts of the South of Market neighborhood, and Union Square. DPH staff provide linkage to social services agencies; community resources; and primary, behavioral health and substance use disorder treatment programs. This move is a great opportunity to for our providers to offer coordinated care to participants in the Community Justice Court and Drug Court programs. Additionally, we believe that this co-location will help facilitate increased service capacity across the programs. One of BHS priorities is to enhance the already strong services offered at these programs by adding evidence-based treatment groups, gender specific groups, and high/low need groups. Many thanks to the staff of these programs, collaborative court partners, and staff at DPH who are supporting this transition.

5. BHS QUALITY MANAGEMENT REPORT

BHS Data Reflection Initiative Receives Mayor's Office's Data and Innovations Award

BHS' Data Reflection initiative, Data Reflection to Improve and Vitalize Effectiveness (DRIVE), is going to be recognized by the SF Mayor's Office of Civic Innovation and DataSF, at the 2017 Data and Innovations Awards Ceremony to be held in March 2018 at City Hall. The DRIVE project team included: Ritchie J. Rubio PhD, Quality Management Lead Evaluator; Farahnaz K. Farahmand, PhD, Children, Youth and Families (CYF) Assistant Director; Kenneth Epstein, PhD, LCSW, BHS CYF Director; Harold Baize, PhD, QM Data Analyst; and Shamsi Soltani, MPH, QM Outcomes Analyst.

There were 6 awards categories, and the BHS initiative was selected for the ***Data Muncher and Cruncher*** category because of our creative way of using data that demonstrated analytical complexity. This initiative primarily involved meaningful and reflective use of data, but this would not have been made possible without the rigorous data analytic work of the BHS Quality Management team, who have creatively generated charts and reports (i.e., CANS and ANSA outcomes reports, CANS and ANSA Traffic Light Reports) to visualize and make meaningful our children, youth, and adult outcomes data. A synopsis of the project and approach is provided below.

The Challenge

The San Francisco Department of Public Health (DPH) Behavioral Health Services (BHS) Children, Youth, and Families and Adult & Older-Adult Systems of Care (CYF SOC and AOA SOC); and Quality Management (QM) have been working closely to find ways to meaningfully utilize data to support SOC work. However, it remained challenging to motivate an effective and meaningful use of data to inform and influence clinical practice innovations on a program-level and on an individual behavioral health service provider-level.

BHS became aware of this problem from an overall lack of engagement and enthusiasm around data among providers. Traditionally, data outcome reports are generated by QM and are reported to management and programs. However, most of the time these reports are not sufficiently and meaningfully utilized to improve program effectiveness. As such, designing a platform, where behavioral health clinicians and providers can actively engage in data reflection, will help clinicians: (a) get feedback on how they are doing in their interventions, and (b) get motivated to generate a plan of action to improve their effectiveness. The ultimate beneficiaries of data reflection are the behavioral health consumers who are expected to improve in their well-being and overall functioning as their service providers improve in their effectiveness.

Solution and Results

The DRIVE initiative is a platform to meaningfully integrate data and clinical practice improvement efforts, through partnerships among data personnel, system of care management, clinicians, and other behavioral health service providers. Accountability was established through effective delegation of responsibilities, planning meetings to discuss logistics of implementing responsibilities, and feedback meetings to evaluate implementation effectiveness.

These efforts commenced with the CYF SOC using the Child and Adolescent Needs and Strengths Assessment (CANS) data (see links). Following the release of these reports, providers:

(a) Conducted data reflection meetings using a sand tray analogy (see attached example) as a unique way of approaching data by asking the question, "Where is the Energy in this Chart," or narrative approaches by asking, "What's the story here?", and

(b) Summarized the outcomes of this meeting in a data reflection form.

DRIVE was first introduced in 2016 to encourage data reflection on program-level data. However, the following elements were introduced and completed in 2017:

(1) Data reflection workshops, called Data Reflection Assist Workshop (DRAW), were facilitated in many programs throughout 2017;

(2) Completed data reflection forms were analyzed qualitatively using grounded theory in January 2017. The results (see attached) were used to inform training opportunities to innovate clinical practice;

(3) In June 2017, Traffic Light Report was rolled out (see attached) which is now automated in clients' electronic health record to facilitate data reflection between clients and their clinicians.

The use of data reflection instigated much enthusiasm in the system and a renewed interest among behavioral health providers to meaningfully use CANS data to inform clinical practice. This initiative has generated a ripple effect in many different programs across the system in terms of a paradigm shift to meaningful data use. This was truly a systems initiative that involved many key people in our department and systems of care. A big congratulation to all!

Download Referenced Documents below

Data_Reflection_Assist_Workshop__DRAW__for_AFS__October_2017_.pdf (1.95 MB)

https://screendoor.dobt.co/attachments/MrSmaxS1ixeXg9wJ2dwX2PM1Khit7hdp/download

Data_Reflection_Outcomes__February_2017_.pdf (1.45 MB)

https://screendoor.dobt.co/attachments/6gvgTKvk1kanm863pB9vZwFUqDIePpgk/download

CANS_Two-Time_Point_Traffic_Light_Report__June_2017_.pdf (622 KB)

https://screendoor.dobt.co/attachments/ewgkcw4VAO2ZwB-k8AMAkhwCk0rjXASl/download

Weblinks to CANS Reports

(1) SF DPH Community Behavioral Services website where CANS reports are posted:

https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/

(2) Data used for Data Reflection:

https://www.sfdph.org/dph/files/CBHSdocs/CANSCalOMS/PerformObjA2_CANSItemLevel_Q4_FY1617.pdf

Shared Youth Database Initiative Receives Mayor's Office's Data and Innovations Award

The Shared Youth Database (SYDB) Initiative is going to be recognized by the SF Mayor's Office of Civic Innovation and DataSF at the 2017 Data and Innovations Awards Ceremony in March 2018 at City Hall. The SYDB is a collaboration of San Francisco Department of Public Health (DPH), Human Services Agency (HSA), Juvenile Probation Department (JPD), and the San Francisco Unified School District (SFUSD). These departments worked together to address legal hurdles & contract challenges to develop, through Andy J. Wong Inc. (AJWI), a comprehensive web-based database management system for at-risk youth in San Francisco County who are served by the respective agencies/departments. The main goal of the SYDB is to identify intervention points at which multi-system youth can be helped with the most impact and to improve & coordinate the care of youth engaged with multiple systems.

There were 6 awards categories, and the SYDB initiative was selected for the ***Bridge Builder*** category because of our innovative way of breaking down silos and working across multiple city departments to share data for coordination of care of high risk youth in San Francisco County. A synopsis of the project and approach is provided below.

Opportunity or Challenge

Identifying and helping youth involved with multiple social service agencies is a well-documented challenge for local governments. A recent study found that 83% of youth with intensive probation involvement were referred to child protection; almost half of these substantiated. Fragmented data systems and institutional siloes hinder identification of these 'crossover' youth and coordination of care, leading to duplication and ineffective service interventions to decrease longer-term involvement with these agencies.

For over 15 years, San Francisco agencies have been tackling this issue by manually sharing and analyzing data. In 2003, HSA, JPD and DPH obtained a court order to do a one-time link of data on their youth. They identified approximately 2,000 families consuming more than half of the resources of each department. In DPH, 10% of children used $16.5 million of health services – 40% of them had been in foster care.

While this data linkage provided valuable insights and spurred greater collaboration, there was still no single operational database which could be used to identify crossover youth in 'real-time' and provide alerts to caseworkers to enable collaboration. This was the genesis of the Shared Youth Database and unlocking the power of linked data and algorithms to generate automated alerts.

Solution and Results

After the initial data linking, HSA, DPH, and JPD leaders identified the need for a single 'Shared Youth Database' that could link live data across the agencies and provide automated alerts to relevant

caseworkers to coordinate care for crossover youth. However, implementing this database would require overcoming significant legal, technical, and institutional hurdles that would take almost 15 years to resolve.

In September 2016, HSA, DPH, JPD, and SFUSD signed an MOU to share data on children in their systems identified as 'at risk'. The inclusion of data on SFUSD students was significant as studies show a correlation between school attendance and higher likelihood of offending. Targeting support for these youth early on could help decrease their use of agency services and improve outcomes.

In 2017, the agencies convened a working group to tackle the significant work of securely supplying data to the Database, developing and implementing automated alerts, and identifying key areas of crossover between agencies. The Database went live in October 2017, with data on youth contacts and caseworker information from all four agencies being supplied regularly and linked. Over 100,000 youth records were initially supplied with 11,000 youth crossing at least two agencies. Of the almost 11,000 SFUSD students identified as 'at risk' in 2016/17, a quarter had contact with at least one other agency and 13% had contact with two or more agencies.

The results of this initial linking were presented to the SF Sentencing Commission and five different types of alerts have already been identified and will be implemented in 2018. This would not have been possible without the technological and operational infrastructure the Database provided and will enable the provision of greater and more systematic coordinated care for youth who cross multiple systems, resulting in a direct impact to SF youth and their families.

Documentation Training Expands to Private Provider Network and PES & Psych Inpatient at ZSFG Hospital

BHS has expanded the clinical documentation training & improvement work to include the Private Provider Network (PPN; those in private practices/group practices) as well as hospital staff at Psychiatric Emergency Services and the Acute Inpatient Services. For the PPN, three training sessions were conducted for about 150 clinicians. For the Inpatient training, about 45 staff participated (the training was also taped). The next step is to have the tape professionally edited and used as an internal training tool for new hires & ongoing re-training. The trainings have been conducted jointly by Quality Management and Compliance sections.

Involuntary Detention and Risk Assessment Training

On January 24th, members of Quality Management's Risk Management team, in collaboration with the BHS Training unit, trained over 190 practitioners who were seeking to be certified to perform involuntary detentions (5150/5585). In addition to QM's presentation, the training included presentations by representatives from the Mental Health Clients' Rights Advocates, ZSFG Psychiatric Emergency Services, Dore Urgent Care (Progress Foundation), Edgewood Center for Children & Families, UCSF Alliance Health Project, Westside Crisis (Westside Community Services), BHS Comprehensive Crisis services, and the San Francisco Police Department, all of which are community resources to help clients and providers address crises. Involuntary Detention and Risk Assessment Trainings are conducted twice annually.

The curriculum for this training drew material from previous trainings on involuntary detention, but also included content and experiential exercises to increase clinicians' capacity to perform risk assessment while maintaining the therapeutic relationship. This expansion of the goal of the training followed on recommendations from BHS' Risk Management Committee, which has noted a system-wide need for more training on risk assessment. The training was well received and with noted positive evaluations.

6. BHS PHARMACY REPORT

2018 BHS Pharmacy Services Manual FAQs

1. **Why would I want to use the Pharmacy Manual?**
   The Behavioral Health Service Pharmacy Manual is updated annually to help support BHS providers in medication related services. It's filled with helpful resources to support medication safety and access. Quoting one of the prescribers: "I actually look forward to each year's new manual!"

2. **How do I get a copy of the 2018 Pharmacy Manual?**
   a. An electronic copy of the 2018 Pharmacy Manual is available at the BHS Webpage in the Medication Resources section. Link: https://www.sfdph.org/dph/files/CBHSdocs/PharmacyServicesManual.pdf
   b. Hardcopies will be distributed at the medical and systems of care meetings (CYF SOC in February 20th and AOA SOC in March). For more copies, please email Edmund.Carnecer@sfdph.org, including your address and number of copies requested.

3. **Some details about the Pharmacy Manual?**
   - The color of the cover is changed every year. It's green for 2018; please dispose of the goldenrod 2017 copy.
   - San Francisco pharmacies are listed not only by address but also with "cross streets", and you'll find which are in the Healthy San Francisco Pharmacy Network
   - For laboratories, there's a handy Labcorp locations map
   - What's on formulary? Check out the Psychiatric Medication Formularies Comparison Table (updated in Dec 2017)

4. **What's new for 2018?**
   - 2018 California Medicare D Prescription Drug Plans table of low cost plans
   - eLabs for prescribers – how to order and review results; list of OrderConnect lab tests
   - Avatar Medication Consents – policy and Avatar bulletin
   - Medication Resources approved in 2017 by the BHS Medication Use Improvement Committee
     - Adult ADHD Treatment Guideline
     - Safer Prescribing of Antidepressant Medication Guideline
     - Opioid Use Disorder Medication –Assisted Treatment Guideline
     - Recommendations for Take-Home Naloxone

5. **What is a hidden gem?**
   Unbiased psychiatric Information for BHS staff and affiliates is available at no cost, at www.thecarlatreport.com. Hint: Find the Login and Password on page 8.

Past issues of the CBHS Monthly Director's Report are available at:

https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp